UNITED STATES DISTRICT COURT

DIS	TRICT OF		
		APPEARANCE	
	Cas	e Number:	
To the Clerk of this court and all parties of record:			
Enter my appearance as counsel in this case	for		
I certify that I am admitted to practice in this	s court.		
	/-/ GND	TV D GODDEN	
Date	Signature	EY D. GORDEN	
	Print Name		Bar Number
	Address		
	City	State	Zip Code
	Phone Number		Fax Number